



2005 Science Professional Development Registration Form

(Duplicate as Necessary)

Workshop Contact:

Mail/Fax to:

Sessions fill on a first-come basis. Register early to secure your place.

Workshop Title	Date	Location	Registration Fee
			\$325

Contact Information:

Teacher: _____

District: _____

School: _____

Grade Level/Subject: _____

Home Address: _____

City: _____ Zip: _____

Home phone: _____

School phone: _____

Fax number: _____

e-mail: _____

☐ I do not need lodging.

☐ Please arrange for my lodging (if applicable).

☐ Smoker

☐ Non-smoker (no guarantee)

☐ Male

☐ Female

Commitment to Attend & District Approval:

My deposit of \$ _____ is enclosed with this form.

I understand that if I do not attend the workshop, or do not cancel at least two weeks prior to the workshop, my deposit is **non-refundable**.

Teacher Signature: _____

Signature of Principal or District Representative indicates source of registration payment for workshop:

☐ **PERSONAL** Check # _____ enclosed **OR**

☐ **SCHOOL** _____ **OR**
Principal

☐ **DISTRICT** _____
District Representative

**Please contact your school or district to determine if approval is needed prior to registration.*

☐ Bill to this Address

Return this completed registration form and your refundable deposit check to the workshop contact listed above.

A separate registration form must be submitted for each workshop you plan to attend.